

PRAIRIE MAISON

1505 E BRUNSON ST

PRAIRIE DU CHIEN 53821 Phone:(608) 326-8471

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 95

Total Licensed Bed Capacity (12/31/04): 95

Number of Residents on 12/31/04: 81

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Nonprofit Limited Liability Company

Skilled

Yes

Yes

Yes

80

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		29.6
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		48.1
Supp. Home Care-Household Services	No	Developmental Disabilities	2.5	Under 65	7.4	More Than 4 Years		22.2
Day Services	No	Mental Illness (Org./Psy)	35.8	65 - 74	7.4			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	42.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.2	85 - 94	34.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	8.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	7.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.2		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	21.0	65 & Over	92.6	-----		
Transportation	No	Cerebrovascular	13.6		-----	RNs		5.3
Referral Service	No	Diabetes	13.6	Gender	%	LPNs		19.9
Other Services	No	Respiratory	2.5	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	27.2	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	72.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	4	6.5	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.9
Skilled Care	7	100.0	144	56	90.3	119	0	0.0	0	11	100.0	130	0	0.0	0	1	100.0	374	75	92.6
Intermediate	---	---	---	1	1.6	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2
Limited Care	---	---	---	1	1.6	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		62	100.0		0	0.0		11	100.0		0	0.0		1	100.0		81	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04							
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Percent Admissions from:		Activities of		% Needing Assistance of		% Totally		Total	
		Daily Living (ADL)	% Independent	One Or Two Staff		Dependent		Number of Residents	
Private Home/No Home Health	15.9	Bathing	0.0	82.7		17.3		81	
Private Home/With Home Health	15.9	Dressing	6.2	80.2		13.6		81	
Other Nursing Homes	0.0	Transferring	25.9	60.5		13.6		81	
Acute Care Hospitals	66.7	Toilet Use	19.8	67.9		12.3		81	
Psych. Hosp.-MR/DD Facilities	0.0	Eating	71.6	21.0		7.4		81	
Rehabilitation Hospitals	0.0	*****							
Other Locations	1.4	Continence		%		Special Treatments		%	
Total Number of Admissions	69	Indwelling Or External Catheter		2.5		Receiving Respiratory Care		2.5	
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		46.9		Receiving Tracheostomy Care		0.0	
Private Home/No Home Health	33.9	Occ/Freq. Incontinent of Bowel		30.9		Receiving Suctioning		0.0	
Private Home/With Home Health	3.4					Receiving Ostomy Care		2.5	
Other Nursing Homes	1.7	Mobility				Receiving Tube Feeding		1.2	
Acute Care Hospitals	10.2	Physically Restrained		17.3		Receiving Mechanically Altered Diets		27.2	
Psych. Hosp.-MR/DD Facilities	0.0								
Rehabilitation Hospitals	1.7	Skin Care				Other Resident Characteristics			
Other Locations	5.1	With Pressure Sores		11.1		Have Advance Directives		61.7	
Deaths	44.1	With Rashes		3.7		Medications			
Total Number of Discharges						Receiving Psychoactive Drugs		65.4	
(Including Deaths)	59								
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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group % Ratio	Bed Size: 50-99 Peer Group % Ratio	Licensure: Skilled Peer Group % Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	84.2	87.4	0.96	85.5	0.98	85.9	0.98	88.8	0.95
Current Residents from In-County	85.2	76.6	1.11	71.5	1.19	75.1	1.13	77.4	1.10
Admissions from In-County, Still Residing	30.4	21.5	1.42	20.7	1.47	20.5	1.49	19.4	1.57
Admissions/Average Daily Census	86.3	125.9	0.69	125.2	0.69	132.0	0.65	146.5	0.59
Discharges/Average Daily Census	73.8	124.5	0.59	123.1	0.60	131.4	0.56	148.0	0.50
Discharges To Private Residence/Average Daily Census	27.5	51.0	0.54	55.7	0.49	61.0	0.45	66.9	0.41
Residents Receiving Skilled Care	97.5	95.2	1.02	95.8	1.02	95.8	1.02	89.9	1.08
Residents Aged 65 and Older	92.6	96.2	0.96	93.1	0.99	93.2	0.99	87.9	1.05
Title 19 (Medicaid) Funded Residents	76.5	69.6	1.10	69.1	1.11	70.0	1.09	66.1	1.16
Private Pay Funded Residents	13.6	21.4	0.63	20.2	0.67	18.5	0.74	20.6	0.66
Developmentally Disabled Residents	2.5	0.4	6.16	0.5	4.55	0.6	4.28	6.0	0.41
Mentally Ill Residents	35.8	40.3	0.89	38.6	0.93	36.6	0.98	33.6	1.07
General Medical Service Residents	0.0	17.9	0.00	18.9	0.00	19.7	0.00	21.1	0.00
Impaired ADL (Mean)	44.7	47.6	0.94	46.2	0.97	47.6	0.94	49.4	0.90
Psychological Problems	65.4	57.1	1.15	59.0	1.11	57.1	1.15	57.7	1.13
Nursing Care Required (Mean)	6.0	7.3	0.83	7.0	0.86	7.3	0.82	7.4	0.81